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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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Application Number	10/824,281
Filing Date	01/14/2004
First Named Inventor	Pangreic
Art Unit	1743
Examiner Name	
Attorney Docket Number	PP013

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Change of attorney

Approved  
J. M. Stone  
Jacqueline M. Stone, Director  
Technology Center 1700  
7/15/05

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert Pangreic		
Address	1104 5th St		
City	LaSalle	State	IL
Country	USA		
Zip	61301		
Telephone	815 224 3747	Email	
Signature	[Signature]		
Name	Natt Pasulka	Registration No.	42981
Date	5/27/05	Telephone No.	7732201530

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